

Bus Trip Form

(Please Print All Information - Signature Required Below)

Trip: _____ Program # _____ Date of Trip: _____

(Participants under 18 must have parent/guardian/chaperone)

Participant Name 1: _____ Age: _____

Participant Name 2: _____ Age: _____

Participant Name 3: _____ Age: _____

Participant Name 4: _____ Age: _____

Address: _____ Town: _____ Zip: _____

Email: _____

(note: email addresses will not be distributed-they are for class and bus updates and Recreation events notifications!)

Telephone: _____

Call 1st _____ 2nd _____ 3rd _____

NOTES: _____

SPECIAL ACCOMMODATIONS-In order to enhance participation, please identify

special needs: _____

BY SIGNING BELOW:

I agree to hold harmless the Town of Acton and/or its employees from claims or liability related to any accident or injury that may occur. I give permission for medical treatment to be given if the need arises.

I acknowledge the REFUND, CANCELLATION & WITHDRAWAL policy outlined for this trip as described in program. If trip is cancelled due to meeting the lack of minimum participants, a full refund will be issued. Please note that pickup/drop-off locations are subject to change due to participant numbers. Any and all changes, refund requests, and special requests must be submitted in writing.

Signature of Participant 1

Signature of Participant 2

Signature of Participant 3

Signature of Participant 4

I am traveling with other people who are registered on a separate form.

They are: _____

Other (i.e. meal selection): _____

The Recreation Department accepts cash, check, money order, VISA or MasterCard.

Checks payable to: Town of Acton. Credit card transactions must be completed at the Recreation Dept. A \$3 fee up to \$99 and \$3 for each \$100 after is added to credit card transactions.

Please mail or bring completed registrations with payment to:
Town of Acton Recreation Department, 472 Main Street, Acton, MA 01720
Phone: (978) 264-9608 Fax: (978) 264-9630 Website: www.acton-ma.gov

For Office Use: Received by: _____ Date: _____ Check # _____ Cash MasterCard VISA Amount \$ _____

